

MILITARY SERVICE CERTIFICATION AND AFFIDAVIT – QDRO

Wis. Stat. § 40.02 (15) and (48m) (f)

Wisconsin law requires the participant to complete this form and submit it to the Department when a portion of the participant's account is awarded to an alternate payee via a Qualified Domestic Relations Order (QDRO). This form must be completed even if you do not have any active-duty military service. **It is strongly recommended that the military affidavit be submitted with the QDRO** to ensure prompt and accurate division of the participant's account and avoid potential delays in benefits for both parties.

PARTICIPANT: Enter the following information in the spaces provided on the *Military Service Certification and Affidavit – QDRO* form:

> SECTION 1: Name and current address

Social Security Number

Birthdate

> SECTION 2: Check the box describing your military service. If you check the second box, "I did serve active military service," **you must complete parts a. and b. and submit a copy of your discharge papers with the affidavit.**

The Department **must** receive military service documents that include your date of entry into active service (not just your enlistment date), your discharge date, and the type of discharge (honorable, dishonorable, etc.). Discharge papers, such as DD214, DDForm 256CG, WDAGO 53-55, or equivalent, are generally acceptable.

Your County Veterans Officer may be able to assist you if you cannot locate your discharge papers or you can contact:

Wisconsin Department of Veterans Affairs
Records Section
P.O. Box 7843
Madison, WI 53707-7843
(608) 266-1311

> SECTION 3: Sign the form in the presence of a notary public.

If all Sections are not properly completed, the form must be returned to the participant for correction. This could result in delays in benefits for both the participant and the alternate payee.

MILITARY SERVICE CERTIFICATION AND AFFIDAVIT – QDRO

Wis. Stat. § 40.02 (15) and (48m) (f)

The Wisconsin Retirement System participant must complete this form and have it notarized. The participant must return the white notarized copy within 30 days of the receipt of this notice to the Department of Employee Trust Funds at the above address, regardless of military service status. Failure to do so will result in the court being notified of the participant's non-compliance with the court's order.

1. _____

Social Security Number

Birthdate (MM/DD/CCYY)

2. **MILITARY SERVICE. Check the appropriate box:**

- ☐ I did NOT serve any active military service (please sign, have notarized, and return).
☐ I did serve active military service.

a. Please send a copy of your discharge papers and provide the dates below.

PERIOD(S) OF ACTIVE MILITARY SERVICE	
From (MM/DD/CCYY)	To (MM/DD/CCYY)

b. Check one box below which best describes your situation:

- ☐ I am not receiving, nor eligible to receive, any federal retirement benefit based on my active military service other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay under Title 10, US Code, Sec. 1331 to 1337.
- ☐ I am eligible to, but I hereby certify that I will not, use my active military service for any federal retirement benefit other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay under Title 10, US Code, Sec. 1331 to 1337.
- ☐ I am receiving or will receive a federal retirement benefit based on my active military service other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay under Title 10, US Code, Sec. 1331 to 1337. (Enter the name and address of the federal retirement system in the box below.)

Name of Federal Retirement System	Address
-----------------------------------	---------

3. **SIGNATURE. You must sign this form and have it notarized in order to be acceptable.**

I understand that Wis. Stat. § 943.395, provide criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Date (MM/DD/CCYY)	Signature	Telephone Number ()
-------------------	-----------	-------------------------------

NOTARY. You must have the form notarized in order for it to be acceptable.
Subscribed and sworn to before me
this _____ day of _____, Year _____.

NOTARY SEAL

Notary Public _____
County of _____
State of _____
My Commission Expires _____

RETURN ETF COPY TO EMPLOYEE TRUST FUNDS. KEEP PARTICIPANT COPY FOR YOUR RECORDS.